

SAINT CECILIA SCHOOL REGISTRATION
(Kindergarten through Fifth Grades)

DATE OF ENROLLMENT: _____ GRADE: _____
STUDENT'S FULL NAME: _____ GENDER: Male or Female
FIRST NAME STUDENT WILL USE IN SCHOOL: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: _____ DATE OF BIRTH: _____
PARISH WHERE YOU ARE REGISTERED: _____
PARISH YOU ATTEND: _____
STUDENT'S PLACE OF BIRTH: _____
BAPTISM DATE: _____ PARISH/CITY: _____
RECONCILIATION DATE: _____ PARISH/CITY: _____
EUCHARIST DATE: _____ PARISH/CITY: _____
TRANSFERRED FROM: (School name & complete address) _____

MOTHER: _____ FATHER: _____
PLACE OF BIRTH: _____ PLACE OF BIRTH: _____
RELIGION: _____ RELIGION: _____
MARITAL STATUS: _____ MARITAL STATUS: _____
OCCUPATION: _____ OCCUPATION: _____
EMPLOYER: _____ EMPLOYER: _____
BUSINESS PH: _____ BUSINESS PH: _____
CELL PH: _____ CELL PH: _____
EMAIL: _____ EMAIL: _____
MOTHER'S MAIDEN NAME: _____

GUARDIAN (if applicable): _____
LANGUAGE(S) SPOKEN AT HOME: _____

U.S. CITIZEN Yes _____ No _____

IDENTIFY RACE CLASSIFICATION (circle one): American Indian or Alaskan Native
Asian or Pacific Islander African American Hispanic Caucasian

FIRST NAMES AND AGES OF OTHER FAMILY MEMBERS (Living at home):

INDICATE NAME OF THE ELEMENTARY PUBLIC SCHOOL DISTRICT NAME IN WHICH YOU RESIDE: _____

FAMILY PHYSICIAN/PHONE #: _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONCERNS: _____

IF SO, WILL THEY BE DEALT WITH AT SCHOOL (Explain) _____

HAVE YOU TURNED IN AN IOWA IMMUNIZATION CARD/PHYSICAL/LEAD TEST/VISION TEST/DENTAL UPDATE AND BIRTH & BAPTISM CERTIFICATE TO ST. CECILIA SCHOOL?

Yes _____ No _____

(IOWA LAW REQUIRES A CARD BE SUBMITTED WITHIN 3 MONTHS OF ENROLLMENT.)

ANY OTHER INFORMATION WHICH MIGHT HELP US UNDERSTAND YOUR CHILD'S NEEDS:



OFFICE USE ONLY:

Birth Certificate: _____

Entered into PowerSchool: _____

Baptism Certificate: _____

Assigned ID/Password & Letter Mailed: _____

Iowa Immunization Card: _____

Assigned Lunch ID: _____

Physical/Health Update: _____

Entered Tuition on ACS: _____

Lead Test Update: _____

Vision Card: _____

Dental Card: _____

Vital Info to Teacher/Lunch Staff: _____